WRITE PLAINLY, WITH UNFADING INK-THIS IS A

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE

RECORD

Item 10 Every Item CAUSE OF Important.

N. B.

1 PLACE OF DEATH

County Carrolf

STATE OF MARYLAND CERTIFICATE OF DEATH

		A.
Registration	Dist.	No

..Ward)

[If death occurred in a hospital or institution,

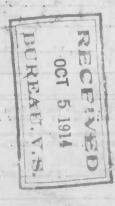
FULL NAME Hanah M. ang	give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Married or	16 DATE OF DEATH Sept. / 1914 (Month) (Day (Year)
7 AGE Comparison of the property of the pro	The CAUSE OF DEATH* was as follows:
occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Mitral v aurties Dusuffrency (Duration) 3 yrs
9 BIRTHPLACE (State or country) Cassoff for Manager (Stat	(Signed) State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) James To 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Diver Ungeld	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Barsh Hill Red Filed 9 17 ,191 + 5 + Columbia Registrar If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL LIMINATOWN MA Sefe 17, 181/4 20 UNDERTAKER O. O. Fuss Lavey fown Indeed Tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic "Contributory." mia," "PUEBPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopncumonia (secondary), 10 ds. Nevcr report The contributory "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Ex-



PHYSICIANS shou classifled. properly be may 80 plain Information 2 DEATH 0 Item OF Every item CAUSE OF important. m

RECORD PERMANENT INK UNFADING certificate. 10 back Instructions



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

Ilf death occurred in

a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) TAGE If LESS than on the date stated above. t dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death _____ yrs. ___ mos. State _____ yrs. Where was disnash contracted. If not at place of death?. Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

M more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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PERMANENT certificate. 10 back See instructions 2 DEATH of 9 mportant. Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74 If death occurred in a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. ordivorced Secrepte (Write the word) WIDOWED. (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from , 1914 to lep) (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in Senddense which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary (Duration) lensku mos .. 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State & J yrs. 14 THE ABOVE IS TRE usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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mia," "Puerveral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (mcrely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanttion," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCINENTAL, SUICINAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head The nature of the For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH 8817 unty Carrow (No. 2 PULL NAME Star Line)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) St.; Ward) [If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED WIDOWED (Write the Word)	16 DATE OF DEATH (Month) (Way (Year) 17) I HEREBY CERTIFY, That I attended daceased from
T _A	GE (Month) (Day (Year) (Year) It LESS than t day,hrs. ORmin.?	that I last saw h LLM slive on Debt 317, 191 4 and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Trads, profession, or ricular kind of work General nature of industry, ciness, or establishment in ich employed (or employer)	(Duration) yrs max / 4 ds.
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) (Duration) AFS: Mos. ds. (Signed) (Address) (A
14 т	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place lo the of death
16	ed Sept. 28, 1914 grsse J. Billinger.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Tranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-(Recommendations on statement of



V. S. No. 1.

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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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2	Every item of information should be carefully sur CAUSE OF DEATH in piain terms, so that it ma Important. See instructions on back of certificate.	
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PLACE OF DEATH

8818 STATE OF MARYLAND

Co	unty Parisel.	CERTIFICATE OF Registration Dist.	1
Vil	lage or City Septenseele (No. pring) 2FULL NAME Grace Pla		[If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3s Ye	eccale Cohere Single, MARRIED, WIDOWED, ORDIVORCE) (Write the word)	16 DATE OF DEATH September (Month)	(Day , 1914 (Year)
6 D	Moscules 20, 1810 (Month) (Day (Year)	that I last saw h er silve on Och f	1 13 , 1914
7 A		snd that death occurred on the date stated all The CAUSE OF DEATH* was as follows:	
(a pa	OCCUPATION) Trade, profession, or riculor kind of work General nature of industry.	Manue	
bus	iness, or establishment in ich employed (or employer) More	(Duration)	
	(State or country) Masyland	Contributory Chr. Pacenchy Secondary YMyreageletic (Duration) el	
S	10 NAME OF June L. Plagg.	(Signed) Slove Duch	× orl , w. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and	douthe from Trong
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) Maryland.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place of death	STITUTIONS, TRANSIENTS
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Celplace of Former or	I death.

usuai residence lakamake Ledy ted. DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

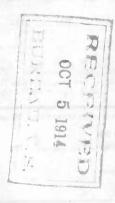
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[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations statement. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

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See instructions

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. a hospital or lostitution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRU usuai résidence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers sication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerreral septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," cause for

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BUREAU, V.S.

c	ounty Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 83
v	FULL NAME Henry Clay Co.	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ATE OF BIRTH AND THE MARRIED, WIDOWED, ORDIVORCED (Write the word) AMOUNT THE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) (Year)	18 DATE OF DEATH Sell- Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from arry 20, 1914, to Leff 20, 1914, that I last saw have alive on Left. 24, 1914.
(a) par (b) busi	f day, 2 hrs. Mos. 7 ds. ORmin. ? CCUPATION Trade, protession, or ricular kind of work General nature of industry, iness, or establishment in	and that death occurred on the date stated above, at 2. A, m, The CAUSE OF DEATH* was as follows: Acute Sastriles (Buration) yrs. mos 15 ds.
9 BI (St	RTHPLACE tate or country) Coassolf Cos male 10 NAME OF FATHER - Indrew Cook	Contributory Serie Debility with (Secondary) Chunce Gastute (Buration) 2 yrs. mos. ds. (Signed) EDC M. B.
PARENTS	12 MAIDEN NAME OF MOTHER Elizabeth Carr	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
15	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	At place of death yrs, mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
	REGISTRAR If more blanks are needed, address State Registrar, 6 I	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (rctired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care should be taken to report specifically the occupations statement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse." "Conia," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritim nant neoplasms); Measles; Whooping-cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "Anoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can death), 29 ds.; Examples: For vio of



N. B.—Every item of information ahould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ia very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

PLACE OF DEATH 8821	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carrie	Registration Dist. No. 7/1.
Village or City Ucconfour No. 60	St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male While Or or RACE MARRIED, Married Widower, Or Divorces (Write the word)	Month) (Day) (Year) I HEREBY CERTIFY, That attended deceased from
6 DATE OF BIRTH MAY 9, 1840 (Monyh) (May) (Year)	that I last saw h. CM allve on Sept 19 1915
7 4 yrs. 4 mos. 10 ds. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or Lauren Ketires /7405 particular kind of work) Heart Thrombus
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mary land	(Secondary) (Diration) yrs mos ss.
10 NAME OF Jobias Gover	(Signed) Leaf har blendy, M. D.
IT BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Gauses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds,
(Interment) Souther Remp.	Where was disease contracted, It not at place ot death? Former or usual residence
(Address) Uniontown (md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept. 22, 1914. Jesse J. Billmyer. Laocal, Bagistran	German Batter Cemetery. Stat. 22nd, 1814- 20 UNDERTAKED WEAVEN. Demonstrown Indl
If more blanks are needed, address State Registrar	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. who receive a definite salary), may be entered as "Manager," "Dealer," ctc., without more precise specistatement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman," The (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medicai Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-The nature of the Never report

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BURRAU, V.S.

202

state Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. S pino properly AGE pe UNFADING may certificate. carefully that 80 back terms, should 50 PLAINLY, plain Instructions = EATH ò ā Item OF Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No., It death occurred in St .: Ward) a hospital or institution. give its NAME instead B. Brabbs ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 191-4 WIDOWED (Day (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH 186 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4. 1 day......hrs. The CAUSE OF DEATH* was as follows: OR min. ? Tumor of BOCCUPATION (a) Trade, profession, or particular kind of work 7 1831 (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) General Anemia. 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER of 11 BIRTHPLACE () 191 .4 (Address) ... Tanevtown. ARENT OF FATHER (State or country *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death _____ yrs, ___ mos. .. ds. State _____ yrs.__ Where was disease contracted. if not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRESS 0 ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	ACT
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	Every item of information should be carefully supl CAUSE OF DEATH in plain terms, so that it may Important. See instructions on back of certificate.
	US
	CA
	m
	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state Important. See instructions on back of certificate.

County-

PLACE OF DEATH	8823		STATE OF MARYLAND
Parael		491	CERTIFICATE OF DEATH
A. Marilander		11/	Registration Dist. No. 74

Village or City Lykerneele (N	Springfield	Nate Soughe Yoward)
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[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Accelia N.	Craneweel. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeceale Where (Write the word)	/ (Month) (Day (Year)
Month) (Day (Xe	17 I HEREBY CERTIFY. That I attended deceased from Africa 1914 to Left 8 1914 that I last saw here alive on Dept 8 1914
7 AGE If LES 1 day,	hrs. The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Laseax Delet alexa
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 B!RTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Clear Control M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, light of the place of death? Former or
(Address). Rykoriel no. 16 Filed SE/2 8, 1914 William REGISTR	The total the country
If more blanks are needed, address State	Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

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POSCERED 1916

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

	PLACE OF DEATH 8824	STATE OF MARYLAND
Cos	unty Carroll (1)	CERTIFICATE OF DEATH
000		Registered No.
VII	lage or City Ullicontown (No. 1)	St.; Ward) [if death occurred is a hospital or institution give its NAME losted of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEN	- I S RINGLE	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended degeased from
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw h at alive on Deph 18 1914
7 AG	E I1 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) 1	CUPATION Frade, profession, or Wow icular kind of work	Maluntin
busin	General nature of industry, less, or establishmeaf in h employed (or employer)	(Ouration) yrs. mes. ds
9 BII (Sta	RTHPLACE ate or country) barroll & ml	Gentributory (Secondary) (Derafiep) yrs mos de
	10 NAME OF Spr Shoeslevy (5)	(Signed) Sigher Herry, M. B.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Many land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	OF MOTHER Martha P. Crouse	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
	informant)	If not at place of death? Former or usual residence.
15	(Address) Therontown mely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	a September 2, 1944. frass G. Billmyer.	V. Dankard In His huns len

[Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework; or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) If the occupation has Salesman, (b) As examples: The question For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... "Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify ail diseases resuiting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



PLAINLY, WITH UNFADING INK-THIS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

WRITE

CAUSE OF I

N. B.

Village or City Sykesville (No. Strings) 2FULL NAME John H. D.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 14 [It death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX MARRIED, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH December 2/ 1863	16 DATE OF DEATH Seftencher 1914 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from 1914,
7 AGE (Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 450 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manyland	General Paraly sis of the Instrum. (Duration) 5 yrs mos. ds. Contributory Secondary
10 NAME OF FATHER WENT. Dorrahue. 11 BIRTHPLACE OF FATHER (State or country) Ireland 22 (State or country) Ireland 24 (State or country) Ireland 26 (State or country) Ireland	(Signed) January M. D. (Signed) January M. D. (Signed) January M. D. (Signed) January M. D. (Address) Sychemical M. D. *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Ireland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) History Spring July State Hasp. (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs mos 27 ds. State

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

	illage or City Deset Tro 6 (No.	Registered No. 72
V	** FULL NAME Edward Mark	st; Ward) a hospital or institut give its NAME linst of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	rale Color or race 5 single, Married, Wisowes, Or Orly Orges (Write the word)	16 DATE OF DEATH Sept. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	Sept 6th, 1914A. (Month) (Day) (Year)	Sept 12, 1914 to Sept 12, 1914 that I last saw here allow on Sept 12, 191
7 A C	GE !! LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 9 Q The CAUSE OF DEATH* was as follows:
(a) pa (b) bus wh	CCUPATION) Trada, profession, or rficular kind of work 6 General nature of industry, slaess, or establishmenf in lich employed (or employer)	(Duration) yrs mos 14
9 B (S	IRTHPLACE State or country) Maryland 10 NAME OF	Contributory Control Story (Secondary) (Duration), yrs mos
S	11 BIRTHPLACE OF FATHER (State or country) Mary Land	(Signed) Sept /3 1914 (Address) Mauchelster /
PARENT	12 MAIDEN NAME OF MOTHER CARRIE Stehl 13 BIRTHPLACE OF MOTHER (State or country) Mary Cand	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTOR RECENT RESIDENTS) Af place in the of death
11	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was diseasa contracted, If not at place of death? Former or usual residence
15	(Address) Westmienster, Ind.	Beflers Genetry Sept 13, 191.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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PHYSICIANS shoul RECORD PERMANENT classifled. aupplied. UNFADING certificat 90 J.O 0 plain See Instructiona DEATH OF mportant. Every

1 PLACE OF DEATH STATE OF MARYLAND Carroll CERTIFICATE OF DEATH Registration Dist. No ... lif death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Month) (Year) TAGE If LESS than 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry. business, or establishment in (Duration) _ which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place (State or country) State 3/ yrs. hringheld state toshital usual residence DAME OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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007 5 198

RECORD	of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.
PERMANENT	exact statement
THIS IS A	E should be starly classified.
DING INK-	supplied. AGI may be properties.
WITH UNFA	ind be carefully rms, so that it back of certific
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully sup " DEATH in plain terms, so that it ma See instructions on back of certificate.
2	Se

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7

PARENTS

14

15

CAUSE OF I

N. B.

V. S. No. 1.

PLACE OF DEATH 8828

County La Mill

Village or City Augustia



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

---St.;-----Ward)

[if death occurred is a hospital or institution, give its NAME instead of street and number I

FULL NAME Asher Groves	of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACOLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH / L , 1915 (Month) (Day (Year)
ATE OF BIRTH (Month) (Day (Year)	that I last saw h the alive on the first saw h the saw h
GE If LESS fhan f day,hrs. OR min.?	and that death occurred on the date stated above, at 2 25 pm, The GAUSE OF DEATH* was as follows:
CCUPATION) Trade, profession, or ricular kind of work	More Garlo-Calling
) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) ATTER mos. ds.
(State or country)	Gontributory. Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos, ds
(Informant) Funded Afficial Control (Informant)	Where was disease contracted, If not at place of death? Former or usuai residence.
(Address) 1914 WWW. Statle 1 Jacob Registran	20 UNDERTAKER WELL WELL ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

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nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sareoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of Never report



No. 1.

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N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

County Carrolf Sehol House

2FULL NAME Apartine To House

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME OPERIOR SELECTION AND STATISTICAL PARTICULARS	Carrish of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, WIDOWED, ORDINOSEPP	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year)
ORDIVORCED (Write the word) 8 DATE OF BIRTH March 2, 1905 (Month) (Day (Year) 7 AGE 9 yrs 5 mos 3 ds. OR min.?	17 I hereby certify, that I attended deceased from aug 30, 1914, to Sept 4, 1914 that I last saw hallow on sept 3 4 and that death occurred on the date stated above, at 1 Am The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) Cassol bo Mad	Contributory Septic Infection Secondary (Duration) yrs mos 5 ds (Duration) yrs mos 2 ds
11 BIRTHPLACE OF FATHER (State or country Cassoff Go and 12 Maiden Name OF MOTHER 12 MOTHER (State OF COUNTRY CASSOFT GO AND 12 MAIDEN NAME OF MOTHER 10 NAME OF FATHER (State or country Cassoft Go and 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Carroll Go Manual 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Carroll Carroll Continued (Interment) Carroll Continu	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? former or usual residence.
(Address) Convoice Pa	19 PLACE OF BURIAL OR REMOVAL LEMEYTOUR BELL 20 UNDERTAKER LO FUSS LANGESTOWN MA trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) Never report



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number. I Noil PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, WIDOWED, Sungle ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1914 to lepx 885 (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at 5.50 A. m. 1 day hrs. The CAUSE OF DEATH* was an follows: OR min ? BOCCUPATION eleconary Vecker cula (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) Mare known N. 12 which employed (or employer) ... lluknown 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) _____yrs ____mos. 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) 5 mas 15 ds. State . Where was disease contracted. It not at place of death? Las ned usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal Septichaesepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detnil, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED OCT 5.1914 BURJEAU, V.S.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION I	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 72

.St.;Ward)	[if death occurred in a hospital or Institution
	miles 18 mt M 0 0000 to a 8 mm

* FULL NAME Raymond Ge	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH September 24, 1914 (Month) (Day) (Year) 17 / 1 HEREBY CERTIFY, That 1 attended deceased from
6 DATE OF BIRTH May Month) (Day) (Year)	9/23 1914 to 9/23 1914
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 430 Q.m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) CONTROL OF FATHER (State or country) 12 MAIDEN NAME OF Maryland 12 MAIDEN NAME OF Maryland 13 BIRTHPLACE OF MOTHER Mary 6. Eckard 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 MAIDEN THE BEST OF MY KNOWLEDGE	(Boration) yrs mos ds. Contributory entruls extres (Signed) John Siegles , M.D. 925 , 1914 (Address) Manchestes That State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents In the of death yrs, mos, ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Character and All 15 Filed Sept 25, 1914 How Herrmann REGISTRAR	Biplace of Burial OR REMOVAL DATE OF BURIAL Bept 25, 1914 20 UNDERTAKER Solo Se Graft Union Mills M.
If more blanks are needed, address State Registrs	r, 6 B. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc... Carcinosts

sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., childbirth or miscarriage, as "Purpural septichaecause. Always qualify all discases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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pinous OCCUPATION PHYSICIANS PERMANENT classified. 4 THIS properly INK supplied. pe UNFADING certifica 10 terms, n back PLAINLY ATH in plain Instructions Information WRITE See ō 0 OF Important. Every It

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE .., 191.4 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs, mos_ Where was disease contracted. If not at place of death? Former or (Informant) usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcinelicsis of lungs, peritonacum, etc., Carcinelicsis of lung

such, if impossible to determine definitely. Examples: genital," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing etc. State cause for dcath), 29 ds.; "Exhaustion," For Vio-



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION-is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 8893		STATE OF MA	
County Carroll	(80)	CERTIFICATE (Registration D	015
Village or City Near Mr. air, 2 FULL NAME Edish au	(No.	Johnson	fit death occurred in
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE O	F DEATH
Female Colored Single, MARRIED. WIDOWED. Worder, Write the	Single	16 DATE OF DEATH (Month) 17 A I HERRBY CERTIFY, That	Day) (Year) I attended deceased from
B DATE OF BIRTH (Month) (Day	(Year)	that I last saw in the allve on seft	1- 20 \$ 6AM914
7 AGE	If LESS than 1 day,hrs. ds. ORmin.?	and that death occurred on the date stated. The CAUSE OF DEATH* was as follows:	d above, at 7 A m,
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in		Capillary &	Fronchelis Vrs mas 3 ds.
9 BIRTHPLACE (State or country) Le arroll leo.	md.	Contributory (Secondary)	yrsmosds.
10 NAME OF Horace S. for	1	(Signed) J. Albert Left. 21 & 1914 (Address) MJ	tary, Md.
OFFATHER (State or country) le arroll 12 MAIDEN NAME OF MOTHER Lucy Heler	les. md.	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	id (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	leo. Md.		s. Institutions, Transients,
(Informant) Horacl. & Johns	ovi	Where was disease contracted, It not at place of death? Former or usual residence	
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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease as a coepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomencia which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal schtichaccause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock." ture of the American Medicai Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train—accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras genitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-State cause for death), 29 de. Examples:



Ocunty Larrace Village or City Lepkerseele (N. Springer)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74 [If death occurred in a benefit of the state of the stat
FULL NAME Cuelyn Ceclis	a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeerale Mile Single, Married, Wisowed, Orbivorced (Write the word)	16 DATE OF DEATH LEptember 25, 1914 (Month) (Day (Year)
ODATE OF BIRTH Llukuowa , 1844 (Month) (Day (Year) 7 AGE (about) It LESS than 1 dayhrs.	that I last saw het alive on he pleucker W, 1914, to hat I death occurred on the date stated above, at WS P. m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	Contributory Myreandetis Secondary Contributory Myreandetis
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed) Constitution (Signed)
of Mother (State of country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Vasketal Record (Address) Lykersiele Ma.	At place of death yrs. 2 mos. 28 ds. In the 70 yrs. ab mos. 28 ds. Where was disease contracted. Cet place of Death. Former or usual residence. Consult on BEMOVAL 19 PLACE OF BURIAL OR BEMOVAL Parallel Med. Med. 1914
Filed St. 7, 1914 William REGISTRAR If more blanks are needed, address State Regist	rat 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the oeeupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ete.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 5 1916

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT stated EXACTLY. BINDING FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH item of information should be N. B.—Every Item CAUSE OF

PLACE OF DEATH 8835 County Learnell	STATE OF MARYLAND CERTIFICATE OF DEATH 76
Village or City Westminster (No.)	Registration Dist, No. [If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
FULL NAME JAME	el siteti and nomosi.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White (Single, Marrieo, Widowed)	16 DATE OF DEATH (Month) (Day (Year)
ODATE OF BIRTH March (Month) (Day (Year)	that I lest saw a Lead allye on Sent 1914
7 AGE 7 4 yrs 6 mos // ds 1 day,hrs. OR min.?	and that death occurred on the date states above, at 2304 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Plasmor particular kind of work (b) General nature of industry,	Hypostatic precumona
business, or establishment in which employed (or employer)	Gontributory Paroclysis Agitais
OF FATHER (State or country) Sermany OF State or country)	(Signed) Levery M. Fifting M. D. Left 2, 1914 (Address) Weather in the first
12 MAIDEN NAME OF MOTHER Gretcher Mohr	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Address) Westminster Mcs	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lither cernitary Defit 22, 1914
Filed Syntal 1914 Carrie Halling REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER HBankurd Westmenter rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

md

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DOT 6 1914

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Village or City Manchester (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) St; Ward) An idea to occurred in a hospital or institution give its NAME instead of street and nomber.
FULL NAME HANY Thou	OL SUSTIN
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR BACE MARRIED, MARRIED, MODEROL OR DIVORCED (Write the word) 5 DATE OF BIRTH Dec S., 1874	MEDICAL SERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 12 to 12 to 1914,
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. 9 yrs. 9 mos. 4 ds. 0Rmio.? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at & A m, The CAUSE OF DEATH * was as follows: Tally degeneration of the
which employed (or employer) BIRTHPLACE (State or country) Anover, Particle of Eather albert Andrews 11 BIRTHPLACE (State or country) 12 MAIDEN NAME Which employed (or employer) Particle of country) Particle or country) 12 MAIDEN NAME	Contributory Alcoholism yrs mos ds. (Secondary) (Secondary) (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 2223	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, if not at place of death?— Former or osual residence.
(Address) Manchester Md. 15 Filed 9 / 12 , 191 H. J. Baltone Registrate If more blanks are needed, address State Registrate	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Party (19, 1814, 1814 26 UNDERTAKER Soico & Wink & Son Manchester., Md

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, essary to know For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has As examples: "Foreman," (8)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory," (Recommendations on statement of scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childhirth or miscarriage, as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (name origin; "Can State cause for Examples:



V. S. No. 1.

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT cia supplied. UNFADING certificate. 10 terms, should uo piain Instructions Information = of Inford Item 10 mportant. Every it

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death accurred in a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t dayhrs. as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE ... 191..... (Address).... OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ____ yrs. ___ mos. _/ Where was disease contracted, THE ABOVE IS TRUE TO KNOWLEDGE it not at place of death? usual residence BURIAL OR REMOVAL DATE OF BURJAL 15 20 UNDE REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viogenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aeci-"Heart failure," "Hacmorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



BINDING FOR RESERVED MARGIN

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated properly classified. 4 pe IS pinous UNFADING INK-THIS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. S N. B.

7 AGE

15

14 THE ABOVE IS

8838 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

2FUI

[It death occurred in a hospital or institution,

St.; Ward)

FULL NAME alies G. J.	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White on the word)	16 DATE OF DEATH (Month) (Day (Year) 17. I HEREBY CERTIFY, That I attroved deceased from
March 18, 1906 (Month) (Day (Year)	that I last saw her allve on self 8, 1944
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
*OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Lacina from have Lacina from have (Duration) prs. mos 2 ds.
9 BIRTHPLACE (State of country) Many Cand 10 NAME OF FATHER Lawres & Luster	Contributory Cleub ell scould Secondary (Duration) yrs mos ds. (Signed) Presses, M. D.
11 BIRTHPLACE OF FATHER (State of Jountry) Mary land 12 Maiden Name OF MOTHER OF OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Court of the Best of My Knowledge (Informant) Court of the State of	Where was disease contracted, if not at place of death? Former or usual residence.
Filed. Self 1914 Machelow 77 Six REGISTRAR	Leister Olivel Sept 20, 191 4 20 UNDERTAKEN Hon Hampstead Mid
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 1. ž

[Approved by U. S. Census and American Public Health Association.]

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Ocunty Carroll Village of City Systemate (No. 1) FULL NAME Leathering	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74 St.; Ward) Bowyn Mexcuron State of Maryland [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Phite Single, Widowed, Widow On Divorce (Write the word) B DATE OF BIRTH Jany 3 (Month) (Day) (Year) 7 AGE S (Month) (Day) (Year) 1 day, hrs. OR (a) Trade, protession, or particular kind of work (b) Generat nature of industry.	16 DATE OF DEATH PROPERTY 2, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY! That I attended deceased from August 1914, to Deplember 2", 1914 that I last saw here alive on M. Sept 18 1914 and that death occurred on the date stated above, at 2", m, The CAUSE OF DEATH* was as follows: Schauttern Yearutting from Eulero - Welter
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Ballourore Co-Nucl	Contributory (Secondary) (Duration) yrs mos ds. (Duration) yrs mos ds.
TATHER Rullolph Stock 11 BIRTHPLACE OF FATHER (State or country) Ballucione Co, 12 Maiden Name OF MOTHER OF MOTHER WALLE OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, the post of the post
(Interment) Frank J. Merceron (Address) Jowson med Filed Sep 3 , 1914 Willifetter REGISTRAR	It not at place of death? Former or usual residence. 19 FLACE OF BURNAL OR REMOVAL DATE OF BURNAL 29 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrate	6 E. Franklin St., Balto., Requesting V. S. Ne. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Mousekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PURRPERAL septichaesepsis, tetanus) may be stated under the head of mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the genitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can. State cause for "Exhaustion," de.;



should si NOI DEGUPATION PHYSICIANS RECORD statement RMANENT classified. pinous properly supplied. pe may certificate. that It 80 ō back terms, plain instructions = EATH WRITE DO Every Item CAUSE OF Important. S

state Very

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or lostitution. give its NAME instead

of street and number.1 Mile. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work philes (b) General nature of industry, business, or establishment in (Duration) elegente composito de which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



	PLACE OF BEATH ON 41	CERTIFICATE
G	ounty. Coverall	Registe
٧	Illage or City Base Hill (No.	
	FULL NAME Dogon	ryers
\in	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
3 SE	Cale While Single, widowed, will will will write the word)	16 DATE OF DEATH Sefet (Month)
8 D	ATE OF BIRTH Mushwown,	that I last saw h smallve on Sept
7 AC		and that death occurred on the date state The CAUSE OF DEATH* was as follows:
(a) par (b) busi whi	Trade, profession, or ticular kind of work	Delenien (Duration) Contributory Gaule D
(Si	10 NAME OF FATHER LAGINETY DAYS	(Secondary) (Duration)
ENTS	11 BIRTHPLACE OF EATHER (State or country) Carroll Co Tud	Safet. 17, 191.4 (Address) Lieux *State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; as
PAR	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)
	OF MOTHER (State or country) Carroll & Wij	At place In the ot death yrs mos ds. State Where was disease contracted, If not at place of death?
15	(Address) Zuvon Bridge Zud	19 RLACE OF BURIAL OR REMOVAL Whe Crish Gru,
File	L'afrety PEGISTRAR	Journal Shrues Franklin St., Balto., Requesting V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St :.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFICATE	OF DEA	ТН	
16 DATE OF DEATH	Sept (Month)		/7 (Day)	, 1914 (Year)
17 Sept. 1 HEREBY	CERTIFY, That	1 atten	ded dece	
that I last saw h	re on Sept		1.7	, 191.4
and that death occurred on The CAUSE OF DEATH* 1		d above	at/2	30 pm
Alcohol				
Deli	(Duration)			
Contributory Ga.		100		
(Signed)	(Duration)	yrs	mo	s <u></u> d
Safet 17, 191.4 (Ad	Idress) Zhi		3	o Sn
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC	SING DEATH, OR	In dea	the from	VEDT HUM
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence	ds. State			RANSIENTS
	Cru,	Sy	0 BU	RIAL, 19†
20 UNDERTAKER		ADD	REŞS	D

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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfuimine, etc. statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

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cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichacinus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



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Village or etty Pleas authalloyno.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
19/11	St.; Ward) a hospital or Institution, give its NAME lostead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marke Hule Single, Marketo, Midowed, ORDIVERCED (Write the word)	16 DATE OF DEATH Seft (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Spate of Birth August (Month) (Day), 1914	that I last saw himan alive on Sample 1 at , 1914.
7 AGE If LESS than t day,hrs. ORmln.?	and that death occurred on the date stated above, at 13 m,. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Frade, protession, or particular kind of work (b) Geogral nature of industry,	Brosser Macarella
business, or establishment in which employed (or employer)	(Duration) mosds.
9 BIRTHPLACE (State or country) barroll leo Md	Contributory (Secondary) (Dyration) yrs mos ds.
10 NAME OF Harry J. Myers	(Signed) Storme Stormer M. D.
11 BIRTHPLACE OF FATHER (State or country) bandle leo Mad 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Elsa, A. Baller, 13 BIRTHPLACE OF MOTHER (State or country) Carroll les Mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place In the of death yrs mos ds.
(Interment) Harry J. Myers	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Westminister, Md 16 Filed Seft 6-, 1914 Edmin M. Shrine	DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
REGISTRAR	James M Stones Washnesser, S. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health
Association.]

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BINDIN Œ ESERVE œ MARGIN

PHYSICIANS 0 statemen Exact lated classifled. D properly supplied. pe may that 80 terms, pinou plain Information 2 EATH 0 a Em 0 CAUSE

CSICIANS should OCCUPATION IS RECORD ENT PERMAN ADING certificate. UNF of WITH back uo Instructions

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [If death occurred in .Ward) a hospital or Institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which amployed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER S 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-PARI 12 MAIDEN NAME TAL, SUICTDAL, OF HORICIDAL. OF MOTHER 18 LENGTH OF RESIDE TE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. ... mos. ds. State yrs. Where was disease contracted. If not at place of death?. uspel residence. OF BURIAL OR REMOVAL 20 UNDERTAKER REGISTRA

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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V. S. No. 1.

Village or City Lykurili Md (No Springs)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death accurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WORDINORCED (Write the word) 6 DATE OF BIRTH ALAX 7 5 7 1 5 8 1	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That Lattended deceased from (Life of the company of the compa
7 AGE	and that death occurred on the date stated above, at 3-3 0 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Balls Cathaul	Contributory General Paralysis of the
10 NAME OF FATHER Stephen Orum 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) July (Address) July (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Louisa Lrug 13 BIRTHPLACE OF MOTHER (State or country) Ballolet Mill 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jehn 2 New Assumble (Address) Louis Assumble 15 Filed Sep 2, 191 4 Will State REGISTRAN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None ... cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECFIVED OCT 5 1914 BUREAU, V.S.

02

County Garrell 8845	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registered No.
Village or Citylinon Budal (No.	St; Ward) [If death occurred a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Mouth) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH 10 − 19, 1872 (Month) (Day) (Year)	that I last saw h and alive on Suph. 15 1914
7 AGE 4 / yrs. 10 mos. 2-6 ds. ORmin.?	and that death occurred on the date stated above, at / / / / / / / / / / / / / / / / / /
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmenf in which employed (or employer)	(Duration) 2 yrs mos ds
9 BIRTHPLACE (State or country) NEW York Cely	Contributory (Secondary) (Ouration) yra mos ds
FATHER Mechael O Cours 11 BIRTHPLACE OF FATHER (State or country) Not / Eurowa	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)
OF MOTHER (State or country) 1/ 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lutter Ocours.	At place In the of death yrs. mos. ds. State yrs. mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 2 cenon Briefs Fully Filed 9/17, 1914 Odn Followskier	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS. THE PROPERTY OF BURIAL ADDRESS. THE PROPERTY OF BURIAL ADDRESS. THE PROPERTY OF BURIAL

110/

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING NEATHY state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., mia," "PUEBPERAL pcritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senite," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 5 1914 BURLEAU, V.S.

A PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be information. See instructions on back of certificate, WRITE

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

2 FULL NAME Marie Orac	field State Na great a Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH September 5, 191 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw het allve on left 2, 1914
7 AGE if LESS than t day,hrs, ORmin.?	and that death occurred on the date stated above, at 4 30 P.m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF GRANDER OF MOTHER ACCUPATION OF M	(Buration) by yrs. almos with the Contributory Muyscardeles and Secondary Contributory (Duration) Contributory (Secondary Contributory (Duration) Contributory (Signed) Slovand (Duration) Contributory (Address) September 2, 1914 (Address) September 3, 191
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Aspelae Leconds	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the Lukicova of death yrs, mos ds Where was disease contracted, if not at piace of death? Lukucova Former or Backucova Ma.
16 Filed SEA3, 1914 W.W. Ritter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



RECORD PERMANENT 4 pe -THIS AGE supplied UNFADING pe pinous Information ō Item

Very PHYSICIANS should of OCCUPATION IS statement Exact classified. properly pe may certificate. 80 ō back terms, 0 plain Instructions 5 DEATH 07 Every Item CAUSE OF Important. m ż

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. fif death occurred in Village or City -Ward) a hospital or tostitution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE S SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVERCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a t dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE , t9t. (Address). ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ State Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? Former or (Informant) usual residence. OF BURIAL OR REMOVAL (Address) -----DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH SSAS	STATE OF MARYLAND		
- learnoll	CERTIFICATE OF DEATH		
County Garrocc	Registration Dist. No. 80		
7. (1)			
Village or City New Windson,	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead		
FILL NAME Sypic Trene	Sauble of street and number.]		
-FULL NAME			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH		
OI WIDOWED.	(Month) (Day) (Year)		
Temale White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from		
DATE OF BIRTH	yuly 3 " 1914, to Sept 5 1914.		
OCT 17, 1869			
(Month) (Day) (Year)	that I last saw har allve on Sept 3 ,1914		
AGE It LESS than	and that death occurred on the date stated above, at		
44 yrs. 10 mos. 18 ds. OR min.?	The GAUSE OF DEATH* was as follows:		
3 OCCUPATION	Exopthalnee Tules (acute)		
(a) Trade profession or 1			
particular kind of work Louise Mifl			
(b) General nature of Industry, business, or establishment in	(Duration) ure 14 may 3		
which employed (or employer)	(Ouration) yrs. 4 mos. 2 ds.		
BIRTHPLACE (State or country)	Contributory Tright.		
le arroll	(Duration) yrs		
10 NAME OF Jum R Koonta	(Signed) SHIFTINI , M. D.		
OF SATHER	Sept 5, 1914 (Address) New Windser		
Z (State or country) (arroll	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
of Mother Mary E. Wilson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER (State or country) Carroll	At place In the of death yrs mos ds. State yrs mos ds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.		
(Interment) Wesley Sauble	If not at place of death? Former or usual residence		
(Address) her Windson ned	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) Comment (Address)	hund as constant Delah och		
Litt 5 Odward West	20 UNDERTAKER ADDRESS		
Filed Defin 1914 Common Registrar	THB anhered from Westminder		
If more blanks are needed, address State Regis trar,			

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Bay laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railroay train—accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purrperal scottchacgenital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... "Hart fallure," "Haemorrhage," "Inanition," "Maras. The contributory "Old Age," "Shock," 'Traemia," "Weakness," liways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: Never report Examples:



C	ounty Carroll 8849	CERTIFICATE
/.	Mage or Gity Planon Bridge (No.	Regist
	2 FULL NAME & dward &	chaffer-
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
35	ex 4 color or race 5 single, MARRIEO, Married Whote (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, Tha
6 D	PATE OF BIRTH $2 - 27 - 1850$ (Mouth) (Day) (Year)	that I last saw h was allow on Sulat
7 A		and that death occurred on the date state. The CAUSE OF DEATH* was as follows:
(b) bus wh) Trade, profession, or batch Maker, inticular kind of work	Contributory (Duration)
(S	10 NAME OF PATHER LOOK Schalles	(Secondary) (Duration)
ARENTS	11 BIRTHPEACE OF FATHER (State or country) Carroll Coo 2ud	*State the DISEASE CAUSING DEATH, OI CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country) Carroll les Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs
147	(Informant) Ams. J. E. Schoffer	Where was disease contracted, it not at place of death? Former or usual residence
1 5 FII	(Address) Zurion Bridge Zuff led 9/13, 1814 Leslie D. Refsh	Mountain View Bann
	DESULTATION REGISTRAN	1. Franklin St. Balto., Requesting V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No ...

[If death occurred to

challer-	a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	- 1/ 1914
(Month)	(Day) (Year)
July 4 1914 to Sufa	
that I last saw h . Lana allve on Supt.	11 4
and that death occurred on the date stated	9.30 7
The CAUSE OF DEATH* was as follows:	above, ato t
The original of Parting Man as follows.	,=1
Disbetes M	11-1
	<u> </u>
Contributory Gouge	A 4
"State the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	In deaths from VioLENT 1 (2) whether ACCIDEN-
Where was disease contracted, it not at place of death? Former or usual residence	INSTITUTIONS, TRANSIENTS,
Mountain Viser Laur	Sals 13" 191 4
20 UNDERTAKER	ADDRESS
- 000.	Zurion Brede.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinology

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 Examples For VIO

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUSSAC, V.S.

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT ciassifled. properly pg UNFADING may certificate. Carefully 80 Jo back terms, 50 plain Instructions DEATH See 0 OF Important. Every its -

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CE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 74 It death occurred is a hospital or instituting. give Its NAME Instead nt street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S RINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, Married ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH dek (Month) (Day (Year) TAGE If LESS than and that death occurred on the dats stated above, at 11.40 A. m. t day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, pr particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which empinyed (or employer) 9 B!RTHPLACE (State or country) Contributory 10 NAME OF FATHER (ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State 54 (State or country) usual residence 15 20 UNDERTAKER APDRESS REGISTRA If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

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No. 00

1 PLACE OF DEATH

Vil		Registration Dist. No. gfield State state (Ward) a hospital or ing give its NAME of street and no
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	ecuale Whife Single, Married, Widowed (Write the word)	16 DATE OF DEATH September 26 (Month) (Day (1)
6 D.	Month (Day (Year)	africal (1914, to Sept 25, that I last and he alive on Sept 25,
7 A	(202)	and that death occurred on the date atated above, at //-/o The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	OCUPATION) Trade, profession, or riticular kind of work) General nature of Industry, iness, or establishment in lich employed (or employer)	Acute Maratine Valite (Duration) yrs mos
	(State or country) Russia	Contributory Mysicasdilis and Secondary Chr. Inter. Nep Lix (Duration) 5 yrs (almosu
	10 NAME OF FATHER Leviel	(Signed) Slound Cichoo
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Russia	*State the DISEASE CAUSING DEATH, or, in deaths from V
	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place
	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Varputal Records	of death Z yrs. 1 mos. 3 ds. State Wrs. 1 mos. 3 Where was disease contracted, Place of death Former or Usual residence Backinson Clar Med.
	(Address) Lykewille Ma.	19 PLAGE OF BURIAL OB REMOVAL DATE OF BURIA

STATE OF MADVI AND

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Deaier," etc., without more precise specimaterial worked on may form part of the second CAUSING DEATH, state occupation at beginning of illgainfuily employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been chauged or given up on account of the disease (a) Spinner, essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. be pinous properly supplied. pe UNFADING may certifical that 20 90 back terms, should plain instructions Lo __ EATH See PO Item F OF Every Item CAUSE OF Important,

state Very

STATE OF MARYLANI CERTIFICATE OF DEATH Registration Dist. No. [It death occurred la .. Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL ERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINCLE. MARRIED. WIDOWED, ORDIVERCED (Write the work (Month) (Dav (Year) CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above t dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory. (State or country) Secondary (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ____ yrs. ... _ mos. .. State _____ yrs. ___ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or (informant) usual residence (Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculceits of hungs, meminges, peritonaeum, etc., Carcin-

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RECORD	PHYSICIANS should it of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
LY, WITH UNFADING	should be carefully supplie in terms, so that it may b s on back of certificate.
WRITE PLAINI	-Every item of Information should be carefully sup CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

state

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

14 THE ABOVE IS TRUE

OF MOTHER (State or country)

(b) General nature of Industry,

business, or establishment in

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or employer) -----

5 SINGLE.

MARRIED,

WIDOWED. ORDIVORCED (Write the word)

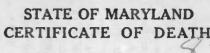
X

(Dav

(Year)

If LESS than

1 day hrs. OR min. ?



SIAIE OF N	IAKI	LAND
CERTIFICATE	OF	DEATH
Registration	Dist.	No. 7

[If death occurred is

lby		give Its	NAME Instead and nomber.]
MEI	DICAL CERTIFICATE OF	DEATH	
16 DATE OF DEATH	Dest	3,	, 1914
	(Month)	(Day	(Year)
17/ I KE	REBY CERTIFY, That I a	ttended de	ceased from
trp 21	, 1914, to Sep	30	1915
that I last saw h Lu	allyeon Ap.	28	1914
	rred on the date stated a		6 Pm
**************************************	Introhtil		
Contributory Secondary	(Ouration)		*******************************
	(Ouration)	yrs	.mosds
(Signed), 191	(Ouretion) g S 6 Aanerg (Address) Mai	5	N. D
*State the DISE	ASE CAUSING DEATH, or, I MEANS OF INJURY; and HOMICIDAL.	n deaths	rom Violenz
ABLENCTH OF BEE	IDENCE (FOR MOTOR IS		

OR RECENT RESIDENTS

of death _____ yrs. ____ mos. _ State _ ds. Where was disease contracted. If not at place of death?

In the

Former or

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKES ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

At place

usual residence

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons statement. material worked on may form part of the second who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

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childbirth or miscarriage as "Puerperal septichaccause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg. Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

Village or City Ly Kusnile (No brue)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead
FULL NAME John Seniera	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MINUEL WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 19 1914 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)	that I last saw have allow on Sept 19 1914.
7 AGE If LESS than 1 day, hrs. OR	and that death occurred on the date stated above, at 4-57 fm. The CAUSE OF DEATH* was as follows:
*OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	Terminal Deirrhaco & Extension
business, or establishment in which employed (or employer)	Contributory General arteria Sclerain
9 BIRTHPLACE (State or country) 10 NAME OF	Secondary (Duration) /6 or more ds.
FATHER luthoun	(Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER (1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death 1/k yrs mos ds. State yrs, mos ds
(Informant) A PAR ALLON AND ALLON AN	Where was disease contracted, if not at place of death? Former or usual residence. Ballo C. M. M.
(Address) Autembe hes	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Juningilla Hosp. Ceru State 23, 191
Filed SE 33, 191 Filed Registran	20 UNDERTAKER Sylville Telkoporess A. V. Lev. Sylvanille Strar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Ex-The contributory (Recommendations on statement of (secondary or intercurrent)



RECORD ERMANENT stated pe pinous supplied. ADING carefully pinous nformation WRITE 50

PLACE OF DEATH PHYSICIANS should of OCCUPATION IS statement PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED Exac(17 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day & Ars. OR./ min. ?/6 properly BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. pe business, or establishment in (Duration) msy which employed (or employer) 9 BIRTHPLACE (State or country) certificate. (Secondary) thst 10 NAME OF FATHER 80 90 back 11 BIRTHPLACE terms, RENT (State or country) 6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain PA OF MOTHER Instructions OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country EATH of death _____ yrs. ____ mos. ___ ds. Where was disease contracted. if oot at place of death?. See Q Former or 0 usuai rasidenca. Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOV 15 20 UNDERTAKER If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No It math occurred inWard) a hospital or institution. give its NAME jostead of street and number. ? MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-16 LENGTH OF RESIDENCE (FOR HOSPITAL'S. INSTITUTIONS, TRANSIENTS, in the State yrs, ____ mes. ds. DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for _ (name origin; "Can-"Exhaustion," Examples: d8.;



S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

Rebecca

8856

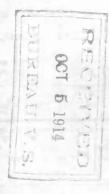
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Leu	4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Tear)
6 DATE	November 18v6	July 9, 1914 to Left 16, 1914.
7 AGE	(Month) (Day (Year)	and that I last asw her alive on the date stated above, at 245 A. m.
	5 8 yrs 10 mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Tra	UPATION ade, profession, or alar kind of work Vocce coefe	Rhonie Valoula Neart Disease and My ocarditis
busines	neral nature of industry, is, or establishment in omployed (or omployer)	(Duration) Compatible Amos A. ds.
9 BIRT (St	HPLACE tate or country) Penneylrania.	Gontributory Pulmon any Ochemia Secondary (Ouration) yrs mos 7 ds.
	NAME OF FATHER Clenknown	(Signed) Sloand letton, M.D.
ARENTS	1 BIRTHPLACE OF FATHER (State or country) Penneylavia	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PAR	OF MOTHER CLUK NOWN	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS.
15	SBIRTHPLACE OF MOTHER (State or country) Rangeloane	At place of death yrs. 3 mos. 7 ds. State Clyre to amos of death
	ermant) Laspital Regards	Where was disease contracted, if not at place of death? Former or Osual residence Anuskylency Ward & Med.
	(Address) Lykeracie Ma-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5	Sept 1914 Willette	20 UN DERTAKER ADDRESS
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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P P A A	Registered No.
Village of City Saither Md (No.	St; Ward) [If death occurred a hospital or institution of street and number.] [If death occurred a hospital or institution of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Selfal (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from the company of th
7 AGE If LESS that 1 day,hrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Compression (Duration) yrs. mos.
*BIRTHPLACE (State or country) Guther, Courroll by Med.	(Signed) (Si
11 BIRTHPLACE (State or country) Gauther, Md, 12 MAIDEN NAME 05-MOTHER CO. R- Name 05-M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Wednick bo Wid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR REGENT RESIDENTS) At place In the other descriptions of death yrs
(Informant) Edward & Sullivar	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Sache Filed Leh 28 191 4 Will Letter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20, 191

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; been changed or given up on account of the diseass should be taken to report specifically the occupations mine, etc. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (4)

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childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accl-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of ... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
001 5 1914
BURBAL V.S.

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Instructions

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state

8858 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. fit death occurred in ...Ward) a hospital or Institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. WIDDWED, ORDIVERCED Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory. BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER 11 BIRTHPLACE L OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL OF MOTHE SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER ot death _____ yrs. ___ mos. __ _ ds. State yrs, ____ .. mos. .. Where was disease contracted. 14THE ABOVE IS TRU It not at place of death? Former or (Interment) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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